

# Performance Improvement Projects – Topic Selection



QUALITY MANAGEMENT  
COMMITTEE MEETING

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Department of Health & Human Services



# Centers for Medicare and Medicaid Services (CMS) 2

## Requirements for Medicaid Managed Care PIPs

- States must require that Medicaid managed care organizations (MCOs) conduct performance improvement projects (PIPs) that focus on clinical and non-clinical areas.
  - Designed to achieve significant, sustainable improvement in health outcomes and satisfaction
  - PIPs must include:
    - Measurement of performance with objective quality indicators
    - Implementation of interventions to improve access or quality
  - MCOs must report status and results of each project to the State no less than annually.

- PIPs must
  - Meet all relevant CMS requirements
  - Be approved by Medicaid & Long Term Care (MLTC) prior to implementation
- MCOs must conduct
  - A total of three (3) PIPs
  - A minimum of one (1) PIP addressing a clinical issue of concern to the MCO's population that is expected to favorably impact health outcomes/enrollee satisfaction
  - A second clinical PIP must address a behavioral health concern
  - A minimum of one (1) joint PIP with the other MCOs
    - The topic will be identified by MLTC (clinical or non-clinical)

- Topics selected for MCO PIPs should
  - Focus on clinical or non-clinical services delivered by the MCO that have *opportunity for improvement*
  - Focus on *high-volume or high-risk conditions* of the population served
  - Reflect MCO enrollee characteristics
    - Demographics
    - Prevalence of disease
    - Potential consequences of the condition to significantly impact health, functional status, satisfaction

- Alignment with strategic priorities of the state
- Disparities
- Gap between current status and goal
- MCOs' capacity to improve status
- Engagement of key partners
- Available data

# MCO/State and External Supporting Information Should Inform Topic Selection

6

- Relevant data may include:
  - Enrollee characteristics regarding
    - Health risks, diagnoses, demographics
    - Disability or functional status
  - Utilization patterns and outcome information
    - Outpatient and inpatient encounters, services, procedures, medication
    - Adverse incidents (e.g., deaths, avoidable admissions, readmissions)
    - Outcome/Access disparities
  - **Information from internal/external sources**
    - MCO claims, performance measures, grievances/appeals
    - Local or national public health reports
    - Data from health information exchanges, including registries

# Heritage Health Integration Model Strategic Priorities Considered for PIP Topic Selection

7

- Topic alignment with state priorities
  - Integration of physical health and behavioral health benefits
  - Decreased reliance on emergency and inpatient levels of care
    - Evidence-based care including community-based care
    - Care for the whole person
    - Early identification of and intervention for members at risk
  - Reduction of racial and ethnic health care disparities
    - This is a Heritage Health expectation for MCOs

# Additional Considerations for NE Heritage Health PIP Topic Selection

8

- January 2017 implementation of Heritage Health may limit:
  - Available performance data on national measures
  - Enrollment criteria, eligible populations
  - Intervention start dates
  - Network relationships
- Successful collaborative project models:
  - Focused project with limited core indicators
  - MCO and other stakeholder input



# Recommended PIP Topic (1) : Optimizing Prenatal and Postpartum Care to Improve Birth Outcomes

9

## ➤ Rationale

- Prevalent risks for poor birth outcomes among Medicaid-enrolled women, including behavioral risks
- Racial/Ethnic disparities in birth outcomes
- Strong evidence of efficacy of interventions for common risks
  - For example, tobacco use, prior spontaneous preterm birth
  - Care management can facilitate intervention implementation

## ➤ Related MCO requirements, as per RFP

- Require providers to conduct OB risk assessment including tobacco, alcohol, and substance use
- Provide case management for high-risk OB patients, including those with a history of prior preterm birth

# Optimizing Prenatal and Postpartum Care – Nebraska Heritage Health Relevance

10

- Alignment with Heritage Health priorities
  - Early identification/ intervention for members at risk
  - Physical health and behavioral health integration
  - Reduction of disparities
- Problem evaluation – Nebraska preterm birth\*
  - Nebraska preterm birth rates higher among low-income women compared to other women
    - Racial/Ethnic minority populations have higher rates of preterm births
  - Recurrent preterm birth rate among Nebraska women with a prior preterm is 3x more likely compared to women with a prior full-term birth

\*Nebraska PRAMS Preterm Fact Sheet 2014

# Nebraska Heritage Health Relevance – continued

11

- Problem evaluation – behavioral health risks
  - NE is 5<sup>th</sup> among PRAMS reporting states for alcohol consumption in the 3 months prior to pregnancy (64%)
  - 27% of NE women smoke tobacco in the 3 months prior to pregnancy and 13% of pregnant women smoke tobacco during the last 3 months of pregnancy
  - Racial/ethnic disparities are reported in Nebraska
    - Alcohol consumption and cigarette smoking before pregnancy and postpartum smoking
    - Early initiation of prenatal care, adequate frequency of prenatal care, teen births and postpartum depression
    - HEDIS® Timely Initiation of Prenatal Care rates below national mean among existing MCOs, some suboptimal rates for postpartum care and adequate frequency of prenatal care

PRAMS Preterm Birth Fact Sheet 2014

The Nebraska PRAMS Preconception Fact Sheet 2012

The Nebraska Disparities Chartbook 2016

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➤ Topic benefits:

- High-volume, potentially high-risk population
  - Reported prevalent risks for poor birth outcomes and disparities
- Opportunity for improvement/MCO capacity to improve
  - Reported gaps between status and desired outcome
  - Existing evidence-based interventions
  - Enhanced care management can facilitate better outcomes
  - Developing relationships with networks will be fostered
- Aligns with Heritage Health priorities and national priorities
- National standardized measures are available
  - HEDIS measures' enrollment criteria are centered on delivery
  - CHIPRA set includes Maternal Behavioral Health Risk Assessment

➤ Topic challenges:

- Measures for specific risk areas of interest may be limited or challenging
  - Administrative claims data are limited
    - Reliable for access and utilization measures
    - Not reliable for measures of content of care, e.g., behavioral risk assessment
      - May require hybrid methodology (administrative plus medical record)
  - Prior preterm birth identification may not be reliable using claims data or vital record prior preterm indicator

# Alternative PIP Topic (2): Access to Prevention/Screening for Members with Behavioral Health Conditions

14

## ➤ Rationale

- Individuals with behavioral health (BH) conditions are at risk for unmet physical health (PH) needs
- BH conditions are prevalent and co-occur with PH conditions
- DHHS-DBH 2014 BH Consumer Survey results revealed that compared to the general population
  - Mental health consumers reported higher rates of poor health status, diabetes and obesity
  - Behavioral health consumers (especially members with substance use disorder [SUD]) were more likely to smoke
- Gaps in BH-PCP coordination were reported in NE BH MCO PIP
- Topic aligns with 1) Heritage Health priority: Integration of PH and BH benefits, and 2) Nebraska State Health Improvement Plan

# Access to Prevention/Screening for Members with Behavioral Health Conditions – continued

15

## ► Topic benefits:

- High risk
  - Targets subpopulation with demonstrated risk
- Can incorporate MCO new member HRA tobacco screening/follow-up
- Can incorporate MCO enhanced care management
- Administrative measures for preventive care access/screening

## ► Topic challenges:

- Available historical data and eligible population for some measures may be limited
- Administrative data may not be reliable for screening/ intervention for tobacco/substance use

- Monitoring of conditions typically managed by both PCPs and BH clinicians
  - Two potential focus areas based on HEDIS measures
    - Antidepressant Medication Monitoring
      - Depression is prevalent in Nebraska, co-occurs with chronic medical conditions and impacts chronic condition care
    - Follow-up Care for Children Prescribed ADHD Medication
  - Both can address Heritage Health priority Integration of BH and PH
  - Measures based on pharmacy episode of care (dispensing)
  - Existing MCO rate below national mean for both measures
  - Can incorporate enhanced care management



- ▶ Topic selection and development of aim is followed by:
  - Barrier analysis
  - Development of objectives
  - Development of interventions to impact objectives
  - Identification of indicators to measure improvement
  - Identification of data sources and methodology

## Questions and Discussion





## For more information

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